

**DOMESTIC  
NONPROFIT CORPORATION**

**STATE OF MAINE**

**CERTIFICATE OF ORGANIZATION**

**Filing Fee \$5.00**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

Pursuant to [13 MRSA §903](#), the undersigned incorporator(s) execute(s) and deliver(s) for filing the following Certificate of Organization:

**FIRST:** The name of the corporation is \_\_\_\_\_.

**SECOND:** ("X" one box only. Attach additional page(s) if necessary.)

☐ The corporation is organized as a public benefit corporation for the following purpose or purposes:

☐ The corporation is organized as a mutual benefit corporation for the following purpose or purposes:

**THIRD:** It is located in \_\_\_\_\_, Maine.  
(municipality) (county)

**FOURTH:** The number of officers is \_\_\_\_\_ and their names are as follows:

President \_\_\_\_\_

Vice-President \_\_\_\_\_

Secretary or Clerk \_\_\_\_\_

Treasurer \_\_\_\_\_

**FIFTH:** The Directors or Trustees are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**Name and signature of Incorporators**

**Addresses**

**Dated** \_\_\_\_\_

**Street** \_\_\_\_\_

(signature)

(city, state and zip code)

(type or print name)

**Street** \_\_\_\_\_

(signature)

(city, state and zip code)

(type or print name)

**Street** \_\_\_\_\_

(signature)

(city, state and zip code)

(type or print name)

**Street** \_\_\_\_\_

(signature)

(city, state and zip code)

(type or print name)

**Street** \_\_\_\_\_

(signature)

(city, state and zip code)

(type or print name)

**Street** \_\_\_\_\_

(signature)

(city, state and zip code)

(type or print name)

**Street** \_\_\_\_\_

(signature)

(city, state and zip code)

(type or print name)

**Street** \_\_\_\_\_

(signature)

(city, state and zip code)

(type or print name)

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Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**